MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -62-0				
DO NOT WRITE	AME	NDED	1	Registration District No. AUG 3 1 1962 imary Registration District 10003 Registrar's No. 81,27 STATE FILE NUMBER
ON THIS STUB			-	1. PLACE OF DEATH  a. COUNTY  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATEMISSOURI b. COUNTY admission)
Rev. 4/59	AMENDED			b. CITY (If outside corporate limits, give TOWNSHIP only)  OR TOWN  St. Louis:  Length of stay in 1b  c. CITY OR TOWN  St. Louis  Inside Limits  Yes X No
1 2 ~ 1	OATE AN			c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3728 & Bamburger  Ves No   ADDRESS 3728 & Bamburger  Ves   No   Ves   No   ADDRESS   No   Ves   No   ADDRESS   No   Ves   No   ADDRESS   No   Ves   No   ADDRESS   No   No   ADDRESS   No   No   No   No   No   No   No
$\frac{2}{3}$	093			3. NAME OF DECEASED First Middle Last 4, DATE Month Day Year
4 /				EILLIAN CECILIA BLAIS  DEATH 8-19-1962  5. SEX  6. COLOR OR RACE Widowed Divorced 2-3-1873  DEATH 8-19-1962  Female  Personnel  Never Married X 8. DATE OF BIRTH Widowed Divorced 2-3-1873  Non-ths Days Hours Min.
	N/S			10a. USUAL OCCUPATION (Give kind of work done during more)  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (City and state or country)  12. CITIZEN OF WHAT COUNTRY  13. BIRTHPLACE (City and state or country)  14. CITIZEN OF WHAT COUNTRY  15. CITIZEN OF WHAT COUNTRY  16. CITIZEN OF WHAT COUNTRY  17. CITIZEN OF WHAT COUNTRY  18. CITIZEN OF WHAT COUNTRY  19. CIT
	FOLLOW			136. FATHER'S NAME  James Hy Hilais  Louisa De Witt  NONE
8 2	8 2 S			15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, of Manual) (If yes, New wer or dates of service)  16. SOCIAL SECURITY NO. 17. INFORMANT  Mary Silvia Hahm 3728 A Bamberger
10	¥     ¥		MENT	18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) PRIEMOSCLEROTIC HEART DISEASE IOGOAN
1200	HIS RECORD		DOCUMENT	conditions, if any, ) DUE TO (b) ARTERIO SCLEROSIS GENERALIZED 10-YEARS
13	<u> </u>			which gave rise to above cause (a), stating the underlying cause last.  DUE TO (c) 4200
90	NO SI			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PART III. If deceased was female was there a pregnancy in last 90 days  Yes 2 No Unknown
•	AMENDMEN			19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) PERFORMED? YES NO 3
C INK	AME			20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.
				20d. INJURY OCCURRED WHILE AT WORK   100
BLAC OR RITER	D REAL			21. I attended the deceased from Sept 9 1955, to Auc-19 1907 and last saw her elive on Auc-19, 1967.  Death occurred at
USE BLACH OR TYPEWRITER	SHOULD READ		VIT OF	220 SIGNATURE (Degree or title) 22b. ADDRESS 40 Grand Blod 8/21/68
_			AFFIDAVI	23x BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)  123x BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY St. Louis Mo
	ITEM NO.		BY AF	24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURED Wingbermuehle 3819 So Grand Blvd AUG 21 1962

100 this section of the section of t

with the above constitutes grounds for revocation of license).

'If embalmed by a STUDENT, he also shall sign in his OWN handwriting:

If this body is not embalmed, fact should be so stated above.

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	George Show burmon et l
Signature of Student Embalmer	Signed Signed
	Licensed Embalmer/No.
	P.O. Address Oms // MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply